

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO.		FILING DATE	
								APPLICANT(S)			
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/						51	/			
2		/					52	2			
3	/						53				
4	/						54				
5	/						55				
6	/						56				
7	/						57				
8	/						58				
9	/						59				
10	/						60				
11	/						61				
12	/						62				
13	/						63				
14	/						64				
15	/						65				
16	/						66				
17	/						67				
18	/						68				
19	/						69				
20	/						70				
21	/						71				
22	2						72				
23	2						73				
24	2						74				
25	2						75				
26	1						76				
27	/						77				
28	/						78				
29	/						79				
30	/						80				
31	/						81				
32	/						82				
33	/						83				
34	/						84				
35	/						85				
36	/						86				
37	/						87				
38	/						88				
39	/						89				
40	/						90				
41	2						91				
42	2						92				
43	2						93				
44	2						94				
45	2						95				
46	2						96				
47	2						97				
48	2						98				
49	2						99				
50	/						100				
TOTAL IND.	14						TOTAL IND.				
TOTAL DEP.	20						TOTAL DEP.				
TOTAL CLAIMS	64						TOTAL CLAIMS				